

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <i>6352</i>	2. Fiscal Year Covered From: <i>1/1/2004 Through 12/31/2004</i>
3. Name and address of person filing. Name: <i>THOMAS HOFFMAN</i> P.O. Box, Bldg., Room No., if any: <i>SUITE 300</i> Street: <i>130 SEVENTH ST.</i> City: <i>PITTSBURGH</i> State: <i>PA</i> ZIP Code + 4: <i>16222</i>	
4. Name, file number, and address of labor organization. Name: <i>SEIU LOCAL 3</i> Labor Organization File Number: <i>542-766</i> P.O. Box, Building and Room Number, if any: <i>2nd FL.</i> Street: <i>79 N. BROAD ST.</i> City: <i>CANFIELD</i> State: <i>OH</i> ZIP Code + 4: <i>44406</i>	
5. Position in labor organization. <i>PROGRAMS DIRECTOR/HWFUND REPRESENTATIVE</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name:	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street:	7.b. Amount.
City:	
State:	ZIP Code + 4:

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: *Thomas G. Hoffman*

On *8/11/05* Date *412 471 0690 x 12* Telephone Number

Name of Person Filing	THOMAS HOFFMAN	File Number U:
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PITTSBURGH BUILDING OWNERS
WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **900 CDS-6th FL**

Street **5GATEWAY CTR.**

City **PGH.**

State **PA** ZIP Code + 4 **15222
1249**

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRAINING PROGRAM RUN
By THE INTERNATIONAL
FOUNDATION-AIRFARE, LODGING
MEALS & CONFE. REGISTRATION**

11.b. Approximate dollar value of such dealing.

\$1961.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.